PTO/SB/17 (10-06)
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Fleetive on 1308/2004, Fees pursuant to the Connollidated Appropriations Act, 2005 (cf. R. 4819). FEE TRANSMITTAL For FY 2009				Complete if Known				
				Application Number		10/706,738-Conf. #7532		
				Filing Date		November 12, 2003		
						John Hilfinger		
				Examiner Name		R. A. Schnizer		
X Applicant claims small entity status. See 37 CFR 1.27 TOTAL AMOUNT OF PAYMENT (5) 180.00				101200		1635		
TOTAL AMOUN	Attorney Docket No. TSR-10002/38							
METHOD OF	PAYMENT (check	all that apply)						
Check x Credit Card Money Order None Other (please identify):								
Deposit Ac	count Deposit Account	Number: 07	7-1180	Deposit	Account Ner	ne: Gifford, Krass, Spiir	ide, Anderson &	Cilkovski, P.C.
For the	above-identified dep	osit account, the	Director I	s hereby authoriz	ed to: (ch	eck all that apply)		
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee								
X Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 Credit any overpayments								
FEE CALCU	LATION							
1. BASIC FILIN	G, SEARCH, AND E		ES					
	F	LING FEES	SE	ARCH FEES	EXAM	INATION FEES		
Application T	ype Fee (Small Entity Fee (\$)	Fee (S	Small Entity Fee (\$)	Fee (\$	Small Entity Fee (\$)	Fees I	Paid (\$)
Utility	330		540	270	220	110		
Design	220	110	100	50	140	70		
Plant	220	110	330	165	170	85		
Reissue	330	165	540	270	650	325		
Provisional	220	110	0	0	0.00	0		-
2. EXCESS CL	AIM FEES		_	-				Small Entity
Fee Description							Fee (S)	Fee (S)
Each claim over 20 (including Reissues)							52	26
Each independent claim over 3 (including Reissues)							220	110
Multiple depen	dent claims						390	195
Total Claims Extra Claims Fee (\$) Fe			e Pald (\$) <u>Multiple</u>		Multiple Depende	Dependent Claims		
- 20 or HP X = HP = highest number of total claims paid for, if greater than 20,				Fee (\$)			ee Paid (3)
			_					- 1
Indep. Claims	Extra Claim 3 or HP =	s <u>Fee (\$)</u>	F	ee Paid (\$)				
	iber of Independent claim:	paid for, if prealer th	an 3,					
3. APPLICATIO								l
	ation and drawings e	xceed 100 sheets	of paper	(excluding electr	onically (filed sequence or	computer	
listings und	ler 37 CFR 1.52(e)),	the application si	ze fee du	e is \$270 (\$135				0
	action thereof. See I							- 1
Total Sheet				dditional 50 or fra			Fee	Paid (\$)
	100 =	/50 =		(round up to a wh	ole number) × :	·	
4. OTHER FEE		() fee (no smc!! -	atitu di	ount)			Fees	Pald (S)
	Specification, \$13				de ete ec	. 61-1		
	late filing surcharge)	: TRUE SUBMIS	sion of a	n information D	isciosure	Statement	18	30.00
SUBMITTED BY								
Signature	/Avery N. Goldstein, Ph.D./			Registration No. (Attorney/Agent)	39,204	Telephone	(248) 64	7-6000
Name (Print/Type) Avery N. Goldstein, Ph.D.						Dale April 24, 2009		